

LIQUEFIED PETROLEUM GAS LICENSE APPLICATION

Pursuant to the provisions of the Liquefied Petroleum Act of Georgia (Act of 1949 as amended), the undersigned applicant does herewith submit the required fee for the permanent license validation with a full and complete knowledge and understanding as to all of the safety and procedural standards as promulgated in Official Code of Georgia Annotated Section 10-1-262, et seq. and the applicable Rules and Regulations. *A minimum storage facility of 30,000 gallon capacity is required within close proximity to the area served for each applicant.

*Applicant/Owner (L.P. Dealer - minimum storage 30,000 gallons)	Name of Liquefied Petroleum Gas Supplier
Address	Address
City State Zip	City State Zip
Phone Number	Phone Number GA LP Gas License #
Name of Business at site if applicable	Do you own your storage tank (minimum 30,000 gallons)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", a duly executed lease agreement (FM 351) may be submitted to the State Fire Marshal to satisfy this requirement.
Site Address	Description of Facility to be Licensed: <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Cylinder Filling Plant
City State Zip	Number of tanks & capacity of each _____
Phone Number	

QUALIFICATION OF PERSONNEL: In the interest of safety, all persons employed in handling LP Gases shall be trained in proper handling and operating procedures, which the employer shall document. Affidavits, certificates of CETP or equivalency shall be provided as evidence of training and/or qualifications.

LICENSE FEES: 2000 water gallons or less = \$100.00 More than 2000 water gallons = \$500.00

A one-time license fee of \$ _____ is enclosed. Check # _____

FIRE SAFETY ANALYSIS: A Fire Safety Analysis shall be completed by the local fire official using the criteria set forth in NFPA 58, SECTION 3-10. A Fire Safety Analysis Worksheet is provided on the back of this application.

ATTENTION: Each section of this application requires a complete response. Failure to complete as requested will result in delay of processing or possible rejection of this application. A separate application for each location is required where liquefied propane gas is stored for sale or transportation.

Signature: _____ Title: _____ Date: _____

(LP Gas Dealer / Owner of Tank)

INSURANCE CERTIFICATION (To Be Completed by Insurance Carrier Only)

	Policy Number	Effective Date		
General Liability Including Products and Complete Operations			more than 2,000 gallon capacity	\$1,000,000 combined single limit
General Liability Including Products and Complete Operations			2,000 gallon capacity or less	\$500,000 combined single limit
Comprehensive Auto Liability Including Hire & Non-Owned				\$1,000,000 combined single limit

This is to certify policies, certificates or endorsements of insurance as described above have been issued by the undersigned to the applicant and are in force at this time. If cancelled, changed or discontinued as stated herein, so as to affect this certificate, ten (10) days prior written notice will be mailed by this company to the State Fire Marshal.

Insurance Carrier _____ Insurance Agency _____

Street Address _____ Phone Number _____

City _____ State _____ Zip _____ Certified By: _____

Authorized Representative

THE STATE OF GEORGIA

Before me, the Undersigned Authority,
on this day personally appeared

Subscribed and Sworn to before me
this _____ day of _____, 19 _____

County of _____

Notary Public Seal and Signature

If you are an individual with a disability and wish to acquire this publication in an alternative format, please contact the ADA Coordinator, Safety Fire Division, Office of Commissioner of Insurance, 2 Martin Luther King Jr. Drive, Atlanta, Georgia 30334, 404 656-2056, TDD # 404 656-4031.

Office of the
Georgia Safety Fire Commissioner
916 WEST TOWER, FLOYD BUILDING
2 MARTIN LUTHER KING JR. DRIVE
ATLANTA, GEORGIA 30334
(404) 656-9636

FIRE SAFETY ANALYSIS WORKSHEET

(To be completed by the local fire official)

I, _____ being the local authority having jurisdiction
(Print Name) (Title)
have completed an indepth Fire Safety Analysis of the proposed L.P. Gas Facility which will be located at _____
_____ in the County of _____.

During this Fire Safety Analysis I have determined the following:

I.

- (1) This proposed installation is located approx. _____ from the nearest important building(s) or property.
- (2) The response time of the nearest fire department to this facility is approx. _____ minutes. (Should be within 10 minutes)
- (3) An adequate water supply is provided at this location which would be able to provide at least 250 - 500 gpm per each tank which might be exposed to a single fire. ☐ Yes ☐ No

II.

- () I have determined that regardless of fire department response time and water supply capabilities this proposed facility may be built due to its remote location which would pose little or no life safety hazards. In the event of fire at the facility the fire department and public safety personnel will limit their emergency forces to control of traffic and onlookers.
- () I have determined that some hazard does exist to persons and/or other property at this proposed site. However, due to water supply and fire departments response time and capabilities this facility may be built.
- () An unacceptable hazard exists at this proposed location due to one or all of the following reasons: heavily populated or congested area, container location(s), fire department response time, inadequate water supply, fire department capabilities, other. However, this facility may be built if the L.P. Gas facility provides the following: _____

- () An unacceptable hazard exists at this proposed location and the L.P. Gas facility may not be built at this location.

Signature: _____ Title: _____ Date: _____